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ABSTRACT

The 5% set-aside fund from the federal Alcohol, Drug, and Mental Health Services block grant of 1984 provided a special emphasis on women's entry into treatment programs. Secondary analysis of admissions data from the Iowa Division of Substance Abuse Management Information System for 1984 to 1986 demonstrated that there was a change in the trend of admissions to public alcohol treatment facilities with gender, age, and race being significant factors in these changes. Although a majority of the admissions to these treatment facilities continued to be white males, there was an increase in female admissions. In 1986, females comprised 21.2% of the total admissions compared to the 17.7% female admissions in 1984 and the 11% female admissions in 1977. There were twice as many adolescent females as there were adolescent males in treatment in 1986. However, there was a gradual decrease in the female admissions in the 31-49 age group. Minority women were represented by higher percentages of admissions than were minority men. The analysis of the socio-demographic data on admissions highlights the factors of age and race as the most significant factors associated with entry. Women had fewer prior admissions, lower frequency of alcohol use, less employment, and more health insurance than men. (Author/BHK)

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Gender Differences in Rates of Utilization of Iowa's Public Alcohol Treatment Facilities 1984-1986

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Abstract

The 5% set-aside fund from the federal Alcohol, Drug, and Mental Health Services block grant of 1984 provided a special emphasis on women's entry into treatment programs. Secondary analysis of admissions data from the Iowa Division of Substance Abuse Management Information System for 1984 to 1986 demonstrate that there was a change in the trend of admissions to public alcohol treatment facilities with gender, age, and race being significant factors in the changes. Although a majority of the admissions to these treatment facilities continue to be white males, there is an increase in female admissions. In 1986 females comprised 21.2% of the total admissions compared to the 17.7% female admissions in 1984 and the 11% female admissions in 1977. There were twice as many adolescent females as there were adolescent males in treatment in 1986. However, there is a gradual decrease in the female admissions under 30 with the largest increase in female admissions in the 31-49 age group. Minority women are represented by higher percentages of admissions than are minority men. Other factors that were different for males and females were rates of employment, health insurance, number of prior admissions, frequency of use, and completion of treatment.

Men generally outnumber women in alcohol treatment facilities with the national ratio ranging from 3:1 to 4:1 (National Council on Alcoholism, 1987). Some areas have reported even lower female rates of treatment entry (Beckman & Amaro, 1984; Gomberg, 1986; Mulford, 1977). Until relatively recently this statistic was rarely questioned. However, with the women's movement came increased concern by Congress that this state of differential treatment entry might reflect an inequity in the provision of service for women since at least 30-35% of the 10 million alcoholics in this country are women (National Council of Alcoholism, 1987). In 1984 Congress addressed these issues by establishing a 5% set-aside fund from the Alcohol, Drug, and Mental Health Services block grant (P.L. 98-509) to provide special emphasis on women's entry into treatment.

Since the law was implemented, several studies of female entry into alcohol treatment facilities have been made in California and Minnesota (Beckman & Amaro, 1986; Harrison & Belille, 1987). Nineteen other states were surveyed in a separate study in 1986 to assess the effectiveness of increasing services to women under the 5% set-aside fund from the Federal government (National Council on Alcoholism, 1987). A similar evaluation of the 5% set-aside program has not yet been conducted in Iowa. This paper examines eight research questions about female utilization of public alcohol treatment facilities in Iowa from 1984 to 1986.

Factors Affecting Entry

Since the last published report in 1977 that about 11% of the admissions to alcohol treatment were women (Mulford, 1977), there has been increased Federal money for Iowa to spend on special programs for women. This is despite the fact that the total ceiling for substance abuse treatment was frozen at the 1981 funding level with the introduction of the block grants. It is the 5% set-aside funding that has enabled the Iowa Division of Substance Abuse to open a new female residential center, expand the program of outreach to women in correctional institutions, and add several female beds to existing residential centers and enhance the existing facilities in order to provide service to women (Iowa Department of Public Health, 1987). Did the rates of female admissions to Iowa's public alcohol treatment facilities increase from 1984 to 1986?

Until the 1960s general social norms against female drinking and public drunkenness served to delay the onset of problem drinking in women or to prevent its development (Fillmore, 1984). These norms have changed even in the more traditional parts of the country such as the midwest (Mulford, 1977). For younger women today there are fewer prohibitions against drinking and higher expectations of achievement and equal rights with men. This has created a situation where women are likely to develop problem drinking earlier and thus need treatment earlier than women who grew up in the 1940s (Harrison & Belille, 1987). Were the rates of admission for younger women under 30 in Iowa higher

in 1986 than they were in 1984?

With a population of less than 2.8% nonwhites in Iowa, it is presumed that the majority of admissions are White. However, earlier studies have shown that rates of minority women entering alcohol treatment are higher than for the rates of minority men in Iowa (Mulford, 1977). In addition Iowa has recently improved a treatment facility for native Americans to service native American women better. Was there an increase in the admissions rates of minority women compared to the rates for minority men between 1984 and 1986?

Since men have had a longer history of utilizing alcohol treatment facilities (Fillmore, 1984; Mulford, 1977), the statistics on their numbers of prior admissions is also higher. Were the male rates of prior admissions to Iowa's alcohol treatment facilities higher than the female rates of prior admissions?

From research on the differences in gender availability of insurance and rates of employment, men generally have higher rates of employment than women and correspondingly higher rates of health insurance than women (Amaro, Beckman, & Mays, 1987; Beckman & Amaro, 1986). Did the women admitted have lower rates of employment than the men admitted to treatment? Did women entering treatment have less health insurance than men?

Recent research on the biological factors that affect women's use of alcohol and possible problems with alcohol dependency has documented that women metabolize alcohol at

different rates than men in general (Beckman & Amaro, 1984). Women have a higher concentration of fatty body tissue and a lower level of body fluid. Smaller quantities of alcohol may achieve in women the same results that larger quantities in men achieve. That is female alcohol abuse and dependency may develop from consumption of less alcohol less frequently than for males. Were the patterns of alcohol use less severe in women entering treatment than in men entering treatment?

Despite lower rates of prior admissions for women, treatment staff sometimes have negative views of women's abilities to complete treatment because they often view women as less emotionally stable with poorer prognosis for successful treatment (Vannicelli, 1984). Others see family opposition to women's entry and the demands of child care support as reasons women may be unable to complete treatment (Amaro et al, 1987). Some view men as more motivated by their problems with the legal system as more likely to complete treatment (Mulford, 1977). Did the men in the study have higher rates of completion of treatment than the women?

Method

The data for this study were retrieved from the centrally computerized Management Information System of the Iowa Division of Substance Abuse of the Iowa Department of Health. The data from the first nine months of each year were used as a representative sample of the year. Only the data on alcohol as a primary substance of abuse for admission were used; although

other substance abuse admissions are recorded, over 80% of all treatment admissions are for alcohol abuse (Iowa Department of Public Health, 1987).

These data are collected from the 29 community-based publicly funded alcohol treatment facilities, 4 community mental health facilities with treatment facilities funded by the Iowa Division of Substance Abuse, state correctional institutions, and other publicly funded alcohol treatment facilities. These facilities offer a variety of inpatient, outpatient, residential, and intermediate care facilities. Only clients requiring treatment for problem drinking who lack self control over their use of alcohol to the extent that their health is substantially disrupted and who need treatment for longer than 12 sessions are considered formally admitted to programs.

This study was an exploratory, descriptive design which used secondary analysis, crosstabulation of the data and descriptive statistics to analyze the data from 1984 to 1986 concerning gender differences in data for alcohol treatment in public facilities in Iowa. The aggregate data for 1984 served as a baseline for comparison of the trends in the data.

The general limitations of the study that should be kept in mind are: the sample is not a random sample of the population of problem drinkers but only of those who presented for treatment; and the statistical methods yield only associations and are not causal in nature. General trends over time in gender rates of utilization of Iowa's alcohol treatment facilities are reliable

for a sample of this size as are descriptive statements about the use of alcohol treatment facilities.

Results

The results of the study of the admissions rates for Iowa's publicly funded alcohol treatment facilities revealed that there had been an increase in the use of these services by women from 1984 to 1986. In 1984 82.3% of the total were male admissions, and 17.7% were female admissions. By contrast, in 1986 male admissions declined to 78.9% while female admissions rose to 21.2% (Table 1). Moreover, the percentage increase in the total number of admissions for females during this period was 28.6% from an N of 548 to 705 compared to a rise of only 3.7% for males from an N of 2,542 to 2,636. If the adolescent females and males (under age 18) are factored out, the percentage increase from 1984 to 1986 is even higher at 32.0% for adult females (N of 494 to N of 652) and 5.5% (N of 2440 to N of 2575) for adult males.

The data did not reveal an increase in the rates of admissions for women under 30. In 1984 59.9% of female admissions were women under 30. By contrast that figure had fallen to 54.2% in 1986. Although women under thirty do constitute the majority of the total female admissions, the rate is decreasing. The age category in which the incidence of female admissions increased the most was 31-49 with a 5.5% increase to 37.4% of the total female admissions in 1986. Although there was a steady decrease in female adolescent admissions from 1984 to 1986, female adolescent admissions

consistently are higher than male adolescent admissions. Even with the decrease in rates in 1986 7.5% of female admissions were under 18 compared to 2.3% of male adolescent admissions.

Female minorities continued to have higher rates of admissions than male minorities. In 1986 the proportion of female minority admissions was nearly twice that of the male minority admissions (4.9%).

From a series of crosstabulations on factors associated with treatment entry, age, race, gender, and number of prior admissions were at the p> .01 level of significance. These factors of being White and in the age category of 31-49 were significantly associated with male or female entry. Only number of prior admissions was significantly different for women (Table 2).

The results revealed that men continued to have higher rates of prior admissions. In 1986 about 32% of males compared to 22.4% of females had prior admissions to alcohol treatment services. For four or more prior admissions men had 5% and women had 1.8% in this category.

Rates of employment were high for both men and women who entered alcoholism treatment. Hence the crosstabulations resulted in a non-significant finding beyond the p> .05 level. However, there is support from the frequency data that women have even lower rates of employment than men. The results also revealed a 51.2% of female unemployment compared to a 35.1% of male unemployment reported in the admissions data. However, a

surprising finding was that more women (51.5%) have health insurance than men (32.4%).

Women had lower frequency of use. In the most severe category of more than one drink daily, they had 15.9% rate of admissions to 19.2% for male admissions in this category.

When the data on discharge rates was analyzed, little difference was detected in the categories of "lack of progress" or "client left". However, 25.8% of the men completed treatment with no use compared to 20.9% of the women who completed treatment with no use.

Discussion

Although a majority of the admissions to Iowa's public alcohol treatment facilities continue to be male, this study confirms a trend of increasing female admissions. This paper has highlighted the special 5% federal funding for women's alcohol services, improved facilities for women in Iowa, and changing social norms of drinking. For whatever combination of factors, the 21.1% of female admissions in 1986 is certainly a dramatic increase from the 11% of female admissions in 1977.

The analysis of the socio-demographic data on admissions highlights the factors of age and race as the most significant factors associated with male or female entry. Women, on the other hand, had fewer prior admissions, lower frequency of alcohol use, less employment, and more health insurance. There is a trend for women to enter treatment at younger ages with the highest degree of over representation in the under 18 age

category adjusting for normal population demographics. Minority women are also over represented when the state's female minority population is taken into account.

These data support a changing picture of the population seeking help with alcohol dependency problems. There are more women using these services in Iowa than ever before. Questions remain for further research into this trend. Is the percentage of admissions representative of equitable service? Will this trend increase or level off? Has this trend in the increase of female utilization come from recent media attention and federal funding only or from the needs to service anyone who has problems from alcohol use?

The need to continue to monitor the trends in rates of utilization of Iowa's public alcohol facilities is highlighted in a recent needs assessment report from the Iowa State University Statistical Laboratory (Iowa Department of Public Health, 1987). Seven hundred key informants listed improved and expanded services to men and to adolescents as the top priorities with women last on the list for improved service needs.

Unfortunately a study of admissions data is already a biased sample because it uses only a population which has overcome possible personal and social barriers to seeking treatment for problems with alcohol use. Additional exploratory studies are needed with samples of women who feel either so overburdened or helpless that they fail to seek treatment for alcoholism. Such research would improve a knowledge base from which to restructure

services or enhance services for more equitable use.

References

Amaro, H., Beckman, L. J., & Mays, V. M. (1987). A comparison of black and white women entering alcoholism treatment. Journal of Studies on Alcohol, 48(3), 220-227.

Beckman, L. J. & Amaro, H. (1984). Patterns of women's use of alcohol treatment agencies. In S. C. Wilsnack & L. J. Beckman (Eds.), Alcohol problems in women (pp. 319-348). New York: Guilford.

Beckman, L. J. & Amaro, H. (1986). Personal and social difficulties faced by women and men entering alcoholism treatment. Journal of Studies on Alcohol, 47(2), 135-145.

Fillmore, K. M. (1984). When angels fall: Women's drinking as cultural preoccupation and as reality. In S. C. Wilsnack & L. J. Beckman (Eds.), Alcohol problems in women (pp. 7-36). New York: Guilford.

Gomberg, E. S. (1986). Women with alcohol problems. In N. J. Estes & M. E. Heinemann (Eds.), Alcoholism: Development, consequences, and interventions (pp. 241-256). St. Louis: The C. V. Mosby Company.

Harrison, P. & Belille, C. (1987). Women in treatment: Beyond the stereotype. Journal of Studies on Alcohol, 48(6), 574-578.

Iowa Department of Public Health. (1987). Iowa Comprehensive State Plan for Substance Abuse, 1986-1987. Des Moines, Iowa: Iowa Department of Public Health, Division of

Substance Abuse.

Mulford, H. A. (1977). Women and men problems drinkers: Sex differences in patients served by Iowa's community alcoholism centers. Journal of Studies on Alcohol, 38(9), 1624-1639.

National Council on Alcoholism. (1987). A federal response to a hidden epidemic: Alcohol & other drug problems among women. New York: Author.

Vannicelli, M. (1984). Treatment outcome of alcoholic women: The state of the art in relation to sex bias and expectancy effects. In S. C. Wilsnack & L. J. Beckman (Eds.), Alcohol problems in women. New York: Guilford.